NWCRYOBANK™

AUTHORIZATION FOR RELEASE OF SEMEN

A1

PATIENT INFORMATION

Please complete this section with the information of the **patient being inseminated**.

Patient Name: _____
First Middle Last

Date of Birth: ____ / ____ / ____ Patient Telephone: _____
Month Day Year

AUTHORIZATION

I am referring the above patient to Northwest Cryobank ("NWC") to obtain semen specimens for an assisted reproductive procedure. I have informed her of the risks and limitations of her procedure and authorize her to obtain the specimens from NWC. My patient has agreed that all specimens obtained from NWC are for her personal use only. I authorize my patient to transport shipments to any address unless I initial below. I understand that this authorization is valid for two (2) years from the date of signature.

PHYSICIAN INFORMATION

Physician Name: _____
First Middle Last Suffix

License Number: _____ State Issued: _____

Facility Name: _____

Office Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Physician Signature: _____ **Date:** _____

My signature acknowledges that I have read and agree to the information below.

Ship specimens to my address ONLY (Do not allow patient pickups or direct-to-patient shipments) **Initial**: _____

SHIPPING ADDRESS (IF DIFFERENT FROM OFFICE ADDRESS)

Facility Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Telephone: _____ Fax: _____

AVAILABLE AND UPDATED GENETIC AND/OR MEDICAL INFORMATION

(a) Donors may be carriers for certain inheritable conditions or diseases and Northwest Cryobank tests for a subset of, but not all, such conditions and diseases. All results from testing which Northwest Cryobank has had performed, including any "positive carrier" status results, have been made available to IPs and Physician. It is the responsibility of both intended parents (IPs) and me to assess and determine the suitability or non-suitability of any donor based on paired genetic information with either an IP or with any other gamete donor who may be paired with the donor's gametes. I acknowledge that all carrier status testing is also limited by current detection sensitivity and accuracy rates, so that there is a small, but real, possibility that any negative carrier status testing result is a "false negative," meaning a particular donor may in fact have a positive carrier status that current testing processes did not detect. Both IPs and I should carefully assess all known, reported genetic information as well as the potential of currently unknown or unreported genetic information in choosing a donor.

(b) It is possible that updated genetic and/or medical information may become known to Northwest Cryobank after frozen donor semen has been transferred out of Northwest Cryobank's possession. While Northwest Cryobank may from time to time get and share updated clinically significant medical and/or genetic information with IP or me, it is up to me, Physician, prior to the IP's use of any frozen donor semen obtained from Northwest Cryobank, to contact Northwest Cryobank for any such updated information, and, if I determine it to be appropriate, to share such information with IP prior to any insemination or frozen embryo transfer. I further acknowledge and agree that while Northwest Cryobank may also share such updated information directly with IP, it is not obligated to do so and may not do.

(c) Although Northwest Cryobank is not obligated hereunder (or otherwise) to disclose or share with IP or me any updated medical and/or genetic information, in the event Northwest Cryobank does share any such updated information, an experienced genetics counselor should be consulted to advise IP as to its potential significance. Northwest Cryobank is not a medical provider, and cannot provide medical advice, but, upon request, it will refer IP or Physician to genetics counselors for that purpose.

Document must be faxed, emailed, or mailed to:
Fax: (509) 232-0145 (US & Canada)
Address: Northwest Cryobank, 508 W. 6th Ave, Ste 801, Spokane, WA 99204

Please keep a copy for your records
E-mail: info@nwcryobank.com